



## OFFICE OF THE CITY CLERK

5581 West Oakland Park Boulevard  
Lauderhill, FL 33313  
Ph: 954.730.3010 Fax: 954.730.3062  
[www.lauderhill-fl.gov](http://www.lauderhill-fl.gov)

### LOBBYIST REGISTRATION STATEMENT ORDINANCE NO. 91-127

Any person, firm or corporation required to register as a lobbyist shall register on this form and state under oath the lobbyist's name, business address, the name and business address of each principal and/or client represented on city matters, any previous principal, and/or client represented who has, at the time of registrations, any pending matters involving the city, and the general and specific areas of lobbyist interest in any city matter. Registration is required for each principal represented.

#### I. REGISTRATION TYPE – Please select type of registration

☐ Individual Lobbyist

☐ Lobbying Firm

#### II. LOBBYIST OF FIRM INFORMATION – Please PRINT or TYPE

Lobbyist Name: \_\_\_\_\_  
First Last Middle Initials

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Do you have any direct or indirect business association, partnership, family or financial relationship with any member of the City Commission, a City Board, or a City Committee before whom you lobby or intend to lobby?

☐ NO

☐ YES (If YES, please explain)

\_\_\_\_\_  
\_\_\_\_\_

#### III. CLIENT INFORMATION:

Name of Principal/Chief Officer/Partner/Beneficiary: \_\_\_\_\_

Corporation/Partnership/Trust Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Specific Description of Issue for Which Lobbyist was Retained: \_\_\_\_\_

RFQ/RFP/RFI/BID/ORDINANCE/RESOLUTION NO. : \_\_\_\_\_



**LOBBYIST ANNUAL STATEMENT OF EXPENDITURES**  
**ORDINANCE NO. 91-127 SECTION (2) (b)**

**FOR THE PERIOD JULY 1, \_\_\_\_\_ THROUGH JUNE 30, \_\_\_\_\_**

DATE FILED: \_\_\_\_\_

LOBBYIST NAME: \_\_\_\_\_  
First Last Middle Initials

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOBBYING EXPENDITURES SHALL NOT INCLUDE PERSONAL EXPENSES FOR LODGING, MEALS AND TRAVEL. A STATEMENT SHALL NOT BE REQUIRED IF THERE HAVE BEEN NO MORE THAN ONE HUNDRED DOLLARS (\$100.00) IN EXPENDITURES DURING A REPORTING PERIOD.

NAME OF RECIPIENT	TOTAL \$ VALUE OF EACH GIFT	DESCRIPTION OF INDIVIDUAL GIFTS	DATE OF GIFT

I do solemnly swear or affirm that all of the foregoing information is true and correct, that I read and understand City of Lauderhill Ordinance No. 91-127, and that I am aware of the filing requirements of this and other statements as required by this ordinance. Further, I understand the penalties for violation.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of Lobbyist

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),  
by \_\_\_\_\_ (print name of person making statement).

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Notary Stamp

Personally Known \_\_\_\_\_  
OR  
Identification Produced \_\_\_\_\_  
\_\_\_\_\_  
Identification # \_\_\_\_\_